CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level		
0474	0474 JT&8 Arlee Elem			24	EL		
Proposed Restricte	d Indirect Cost Rate	% (Ro	und to nearest hundr	edth (X.XX%) o	f a percent.)		
application should be	NSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate pplication should be submitted for the elementary and high school district. A copy of this certification will be eturned upon approval of your rate.						
This is to certify that I knowledge and belief:	This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:						
allowable in accordant A-87, "Cost Principles	(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.						
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.							
	going is true and corre						
Signature of District	Superintendent or B	oard Chairperson	Street Address o	r P.O. Box			
Printed Name of Aut	horized Official		PO Box 37 City	Zij	o Code		
			Arlee		821		
Title			Date	,			
Send comp	leted form to: School Accounting ar Office of Public Instru PO Box 202501 Helena, MT 59620-2	ction					
ACCEPTED A	IND APPROVED FOR	THE SUPERINTEND	ENT OF PUBLIC II	NSTRUCTION	BY:		
Арр	proved Rate for FY20	04	Date Approved				
			Signature				

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level	
0475	JT&8	Arlee H S		24	HS	
Proposed Restricte	d Indirect Cost Rate _	% (Ro	ound to nearest hundr	edth (X.XX%) o	f a percent.)	
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separat application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.						
This is to certify that I knowledge and belief:	have reviewed the ind	irect cost rate proposa	al submitted herewit	th and to the b	est of my	
allowable in accordan A-87, "Cost Principles	in this proposal to estance with the requirements for State and Local Gother attached Predeterm	its of the Federal awa overnments." Unallov	rd(s) to which they wable costs have be	apply and OMl en adjusted in	B Circular	
casual relationship be accordance with appli have not been claime	(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.					
	going is true and corre					
Signature of District	Superintendent or B	oard Chairperson	Street Address o	r P.O. Box		
			PO Box 37			
Printed Name of Aut	horized Official		City	Zij	o Code	
			Arlee	59	821	
Title			Date			
Send comp	leted form to: School Accounting an Office of Public Instru PO Box 202501 Helena, MT 59620-29	ction				
ACCEPTED A	ND APPROVED FOR		ENT OF PUBLIC II	NSTRUCTION	BY:	
Арј	proved Rate for FY20	04	Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level		
0477	0477 23 Polson Elem			24	EL		
Proposed Restricte	d Indirect Cost Rate _	% (Ro	und to nearest hundr	edth (X.XX%) o	f a percent.)		
application should be	NSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate pplication should be submitted for the elementary and high school district. A copy of this certification will be eturned upon approval of your rate.						
This is to certify that I knowledge and belief:	have reviewed the ind	irect cost rate proposa	al submitted herewi	th and to the b	est of my		
allowable in accordant A-87, "Cost Principles	(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.						
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.							
	going is true and corre						
Signature of District	Superintendent or B	oard Chairperson	Street Address o				
Printed Name of Aut	horized Official		City		o Code		
			Polson	59	860		
Title			Date				
Send comp	leted form to: School Accounting ar Office of Public Instru PO Box 202501 Helena, MT 59620-2	ction					
ACCEPTED A	AND APPROVED FOR	THE SUPERINTEND	ENT OF PUBLIC II	NSTRUCTION	BY:		
Ар	proved Rate for FY20	04	Date Approved				
			Signature				

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level	
0478	23	Polson H S		24	HS	
Proposed Restricte	d Indirect Cost Rate	% (Ro	und to nearest hundr	edth (X.XX%) o	f a percent.)	
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separat application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.						
This is to certify that I knowledge and belief	have reviewed the ind	irect cost rate proposa	al submitted herewit	th and to the b	est of my	
allowable in accordant A-87, "Cost Principles	(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.					
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.						
	going is true and corre		<u> </u>			
Signature of District	Superintendent or B	oard Chairperson	Street Address or P.O. Box 111 4th Avenue East			
Printed Name of Aut	horized Official		City		p Code	
			Polson	59	860	
Title			Date			
Send comp	leted form to: School Accounting ar Office of Public Instru PO Box 202501 Helena, MT 59620-2	ction				
ACCEPTED A	ND APPROVED FOR	THE SUPERINTEND	ENT OF PUBLIC II	NSTRUCTION	BY:	
Ар	proved Rate for FY20	04	Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level	
0481	28	St Ignatius K-12 Sch	ools	24	K12	
Proposed Restricte	d Indirect Cost Rate _	% (Ro	ound to nearest hundr	edth (X.XX%) o	f a percent.)	
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separa application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.						
_	This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:					
allowable in accordan A-87, "Cost Principles	in this proposal to estance with the requirements for State and Local Golhe attached Predeterm	its of the Federal awa overnments." Unallov	rd(s) to which they wable costs have be	apply and OM een adjusted ir	B Circular	
casual relationship be accordance with appli have not been claime	(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.					
	going is true and corre					
Signature of District	Superintendent or B	oard Chairperson	Street Address o	r P.O. Box		
			PO Box 1540			
Printed Name of Aut	norized Official		City	ZII	o Code	
			St Ignatius	59	8651540	
Title			Date			
Send comp	leted form to: School Accounting an Office of Public Instru PO Box 202501 Helena, MT 59620-29	ction				
ACCEPTED A	ND APPROVED FOR	THE SUPERINTEND	ENT OF PUBLIC II	NSTRUCTION	BY:	
Арј	proved Rate for FY20	04	Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level	
0483	35	Valley View Elem		24	EL	
Proposed Restricte	d Indirect Cost Rate _	% (Ro	und to nearest hundr	edth (X.XX%) o	f a percent.)	
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.						
This is to certify that I knowledge and belief:	This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:					
allowable in accordan A-87, "Cost Principles	in this proposal to esta ce with the requiremer for State and Local G he attached Predeterm	nts of the Federal awa overnments." Unallow	rd(s) to which they vable costs have be	apply and OM een adjusted ir	B Circular	
casual relationship be accordance with appli have not been claime	(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.					
	going is true and corre					
Signature of District	Superintendent or B	oard Chairperson	Street Address or P.O. Box 7000 Valley View Road			
Printed Name of Aut	horized Official		City		p Code	
			Polson	59	860	
Title			Date			
Send comp	leted form to: School Accounting ar Office of Public Instru PO Box 202501 Helena, MT 59620-2	ction				
ACCEPTED A	ND APPROVED FOR	THE SUPERINTEND	ENT OF PUBLIC II	NSTRUCTION	BY:	
Арј	proved Rate for FY20	04	Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level		
0486	73	Swan Lake-Salmon l	Elem	24	EL		
Proposed Restricte	d Indirect Cost Rate ₋	% (Ro	ound to nearest hundr	edth (X.XX%) o	f a percent.)		
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separat application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.							
This is to certify that I knowledge and belief	have reviewed the ind	irect cost rate proposa	al submitted herewit	th and to the b	est of my		
allowable in accordant A-87, "Cost Principles	(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.						
casual relationship be accordance with appli have not been claime	(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.						
	going is true and corre						
Signature of District	Superintendent or B	oard Chairperson	Street Address or P.O. Box				
Printed Name of Aut	horized Official		Box 5086 City	Ziı	o Code		
			Swan Lake		911		
Title			Date	1			
Send comp	leted form to: School Accounting ar Office of Public Instru PO Box 202501 Helena, MT 59620-2	ction					
ACCEPTED A	ND APPROVED FOR	THE SUPERINTEND	ENT OF PUBLIC II	NSTRUCTION	BY:		
Арі	proved Rate for FY20	04	Date Approved				
			Signature				

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level		
1199	30	Ronan Elem		24	EL		
Proposed Restricte	d Indirect Cost Rate _	% (Ro	und to nearest hundr	edth (X.XX%) o	f a percent.)		
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separal application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.							
This is to certify that I knowledge and belief:	have reviewed the ind	irect cost rate proposa	al submitted herewit	th and to the b	est of my		
allowable in accordan A-87, "Cost Principles	in this proposal to esta ce with the requiremer for State and Local Go he attached Predeterm	nts of the Federal awa overnments." Unallow	rd(s) to which they vable costs have be	apply and OMleen adjusted in	B Circular		
casual relationship be accordance with appli have not been claime	(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.						
	going is true and corre						
Signature of District	Superintendent or B	oard Chairperson	Street Address or P.O. Box				
Printed Name of Aut	horized Official		Drawer R City Zip Code				
Timed Name of Add	onzea omelai		Ronan	-	864		
Title			Date	00			
Send comp	leted form to:				1		
	School Accounting an Office of Public Instru PO Box 202501 Helena, MT 59620-2	ction					
ACCEPTED A	ND APPROVED FOR	THE SUPERINTEND	ENT OF PUBLIC II	NSTRUCTION	BY:		
Арі	proved Rate for FY20	04	Date Approved				
			Signature				

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level	
1200	30	Ronan H S		24	HS	
Proposed Restricte	d Indirect Cost Rate ₋	% (Ro	ound to nearest hundr	edth (X.XX%) of	a percent.)	
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separa application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.						
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	going is true and corre					
Signature of District	Superintendent or B	oard Chairperson	Street Address or P.O. Box			
Printed Name of Aut	horized Official		Drawer R City Zip Code			
Timod Ramo of Add			Ronan		864	
Title			Date			
Send comp	leted form to: School Accounting ar Office of Public Instru PO Box 202501 Helena, MT 59620-2	ction				
ACCEPTED A	ND APPROVED FOR	THE SUPERINTEND	ENT OF PUBLIC II	NSTRUCTION	BY:	
Арі	proved Rate for FY20	04	Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level		
1205	7 J	Charlo Elem		24	EL		
Proposed Restricte	d Indirect Cost Rate _	% (Ro	ound to nearest hundr	edth (X.XX%) of	f a percent.)		
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.							
This is to certify that I knowledge and belief:	have reviewed the ind	irect cost rate proposa	al submitted herewit	th and to the bo	est of my		
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	going is true and corre						
Signature of District	Superintendent or B	oard Chairperson	Street Address or P.O. Box				
Printed Name of Aut	horized Official		PO Box 10 City	Zir	Code		
			Charlo	-	824		
Title			Date				
Send comp	leted form to: School Accounting ar Office of Public Instru PO Box 202501 Helena, MT 59620-2	ction					
ACCEPTED A	ND APPROVED FOR	THE SUPERINTEND	ENT OF PUBLIC II	NSTRUCTION	BY:		
Арј	proved Rate for FY20	04	Date Approved				
			Signature				

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level	
1206	7J	Charlo H S		24	HS	
Proposed Restricte	d Indirect Cost Rate _	% (Ro	ound to nearest hundr	edth (X.XX%) o	f a percent.)	
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separa application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.						
This is to certify that I knowledge and belief:	have reviewed the ind	irect cost rate proposa	al submitted herewit	th and to the b	est of my	
allowable in accordan A-87, "Cost Principles	in this proposal to estance with the requirements for State and Local Golhe attached Predeterm	its of the Federal awa overnments." Unallov	rd(s) to which they vable costs have be	apply and OM en adjusted in	B Circular	
casual relationship be accordance with appli have not been claime	(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.					
	going is true and corre					
Signature of District	Superintendent or B	oard Chairperson	Street Address o	r P.O. Box		
			PO Box 10			
Printed Name of Aut	horized Official		City	Zi	o Code	
			Charlo	59	824	
Title			Date			
Send comp	leted form to: School Accounting an Office of Public Instru PO Box 202501 Helena, MT 59620-29	ction				
ACCEPTED A	ND APPROVED FOR		ENT OF PUBLIC II	NSTRUCTION	BY:	
Арј	proved Rate for FY20	04	Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level		
1211	33	Upper West Shore E	lem	24	EL		
Proposed Restricted Indirect Cost Rate% (Round to nearest hundredth (X.XX%) of a percer					f a percent.)		
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.							
This is to certify that I knowledge and belief	have reviewed the ind	irect cost rate proposa	al submitted herewit	th and to the b	est of my		
allowable in accordant A-87, "Cost Principles	in this proposal to estance with the requirements for State and Local Golhe attached Predeterm	its of the Federal awa overnments." Unallov	rd(s) to which they vable costs have be	apply and OMleen adjusted in	B Circular		
casual relationship be accordance with appli have not been claime	(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.						
	going is true and corre						
Signature of District	Superintendent or B	oard Chairperson	Street Address o	r P.O. Box			
D: (IN			PO Box 195	Γ			
Printed Name of Aut	norized Official		City	ZI	o Code		
			Dayton	59	914		
Title			Date				
Send comp	leted form to: School Accounting an Office of Public Instru PO Box 202501 Helena, MT 59620-29	ction					
ACCEPTED A	AND APPROVED FOR	THE SUPERINTEND	ENT OF PUBLIC II	NSTRUCTION	BY:		
Ар	proved Rate for FY20	04	Date Approved				
			Signature				